

CLAIMS ONLY						Application Number <i>10/991074</i>	Filing Date					
						Applicant(s)						
						* May be used for additional claims or amendments						
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend	Indep	Depend	Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend						
1	/	/	/	/	/	/	51					
2	/	/	/	/	/	/	52					
3	/	/	/	/	/	/	53					
4	/	/	/	/	/	/	54					
5	/	/	/	/	/	/	55					
6	/	/	/	/	/	/	56					
7	/	/	/	/	/	/	57					
8	/	/	/	/	/	/	58					
9	/	/	/	/	/	/	59					
10	/	/	/	/	/	/	60					
11	/	/	/	/	/	/	61					
12	/	/	/	/	/	/	62					
13	/	/	/	/	/	/	63					
14	/	/	/	/	/	/	64					
15	/	/	/	/	/	/	65					
16	/	/	/	/	/	/	66					
17	/	/	/	/	/	/	67					
18	/	/	/	/	/	/	68					
19	/	/	/	/	/	/	69					
20	/	/	/	/	/	/	70					
21	/	/	/	/	/	/	71					
22	/	/	/	/	/	/	72					
23	/	/	/	/	/	/	73					
24	/	/	/	/	/	/	74					
25	/	/	/	/	/	/	75					
26	/	/	/	/	/	/	76					
27	/	/	/	/	/	/	77					
28	/	/	/	/	/	/	78					
29	/	/	/	/	/	/	79					
30	/	/	/	/	/	/	80					
31	/	/	/	/	/	/	81					
32	/	/	/	/	/	/	82					
33	/	/	/	/	/	/	83					
34	/	/	/	/	/	/	84					
35	/	/	/	/	/	/	85					
36	/	/	/	/	/	/	86					
37	/	/	/	/	/	/	87					
38	/	/	/	/	/	/	88					
39	/	/	/	/	/	/	89					
40	/	/	/	/	/	/	90					
41	/	/	/	/	/	/	91					
42	/	/	/	/	/	/	92					
43	/	/	/	/	/	/	93					
44	/	/	/	/	/	/	94					
45	/	/	/	/	/	/	95					
46	/	/	/	/	/	/	96					
47	/	/	/	/	/	/	97					
48	/	/	/	/	/	/	98					
49	/	/	/	/	/	/	99					
50	/	/	/	/	/	/	100					
Total Indep							Total Indep					
Total Depend							Total Depend					
Total Claims							Total Claims					